



SCHOOL BASED VOLUNTEER APPLICATION

PLEASE DO NOT USE PENCIL TO COMPLETE THIS FORM... INK ONLY

Volunteer's Name:		Email:		
Address:		City:	State:	Zip:
Home Phone:	Work Phone:		Cell phone:	
Social Security #:*	DOB:	Gender:	Ethnicity:	
For college students only, please list permanent, non-school address:			Marital Status:	

* If you do not have a Social Security # please contact us to discuss next steps

1. Big Brothers Big Sisters Independence (BBBSI) does not discriminate on the basis of race, ethnicity, age, sexual orientation, gender identity, religion or physical disability.
2. To protect the children in our programs, BBBSI must administer a PA State Police Check and/or out of state criminal record check, PA Child Abuse History Clearance, Sex Offender Registry check, Department of Motor Vehicle Check, and/or a FBI Check for each person applying to become a Big Brother or Big Sister. *By signing below, I give consent for all listed procedural checks to complete the enrollment process and as needed to update my file.*
3. To further protect the children we serve, BBBSI may take a photograph of each person applying to be a Big Brother or Big Sister at some point during the enrollment process. A second photograph may be taken at the time of the Big/Little Match Meeting. *By signing below, I give consent for my picture to be taken in both instances.*
4. By signing below I recognize that my application does not commit BBBSI to accept me as a volunteer or assign me to a child.
5. I am willing to fully participate in the application process as deemed appropriate by BBBSI.
6. I hereby agree that BBBSI may disclose any or all information obtained during the application process.

Applicant's Name: _____

Signature: _____ Date: _____

BBBSI use only (DL verification):

DL State:	Review Date:	Staff Initials:
-----------	--------------	-----------------



FBI Screening Information Form

First Name:

Height:

Middle Name:

Weight:

Last Name:

Hair Color:

Date of Birth:

Eye Color:

Phone Number:

Gender Assigned at Birth:

Country of Birth:

Racial Identity | Ethnicity:

City of Birth:

Asian Black Caucasian

Commonwealth/Province/State of Birth:

Hispanic Native American

Country of Citizenship:

Other: _____

Visa Status:*

**For Non-US Citizens*

Residential & Mailing Address:

*Big Brothers Big Sisters Independence
760 Constitution Drive, Suite 10
Exton, PA 19341*

By signing below, I authorize Big Brothers Big Sisters Independence to submit my name for an online registration for a Federal Bureau of Investigation screening.

I give permission for Big Brothers Big Sisters Independence to obtain the results of this FBI screening from Identogo and Pennsylvania Department of Human Services. I am aware that upon request, I am able to receive a copy of my results from Big Brothers Big Sisters. If I chose to receive my results directly, I will submit a copy of my results to BBBSI once I receive them.

Signature: _____

Date: _____

DISCLOSURE & AUTHORIZATION

DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION

BIG BROTHERS BIG SISTERS INDEPENDENCE ("Employer") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Background Investigation Bureau, LLC, ("BIB") who may be reached at 9710 Northcross Center Court, Huntersville, NC 28078, or by phone at (877) 439-3900 or by another outside organization. Other types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by BIB from public record sources and will not be used to discriminate against you in violation of any law. The scope of this Disclosure and Authorization is all-encompassing, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. The BIB privacy policy may be found at www.BIB.com

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by directly contacting the consumer reporting agency identified above.

AUTHORIZATION AND ACKNOWLEDGMENT

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ **Date:** _____

- Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Employer.
- Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Employer at no charge whenever you have a right to receive such a copy under California law.
(*If you elect to receive a copy, you are required (on an ongoing basis) to keep Employer informed of address changes so reports are not sent to old addresses.)

Personal Identifying Information for Consumer Reporting Agency – please print or type (list all names used; maiden, surname, alias)

Last Name	First	Middle	
Last Name	First	Middle	
Last Name	First	Middle	
Home Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
*Date of Birth	*Social Security No.	Gender	Race
Drivers License Number	State Issued		Expires

*This information is for the sole purpose of retrieving the background information listed above and will not be used by Employer for discriminatory purposes.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Signature: _____ **Date:** _____



CHILDLINE AND ABUSE REGISTRY
P.O. BOX 8170
HARRISBURG, PENNSYLVANIA 17105-8170

**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION**

I, (_____), hereby authorize the PA Department of Human Services, ChildLine to
Applicant's Name
release my Pennsylvania Child Abuse History Clearance information directly to (Big Brothers Big Sisters Independence).
Name of Requesting Agency

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)
of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by

(Big Brothers Big Sisters Independence) without my expressed authorization or pursuant to Section 3490.126 of
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held
criminally liable for a breach of confidentiality related to release of this information. I also understand that the

forementioned information will not be released directly to me (_____) as stated
Applicant's Name

on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy
of my Pennsylvania Child Abuse History Certification directly from ChildLine; however, I may request a copy of
my Pennsylvania Child Abuse History Certification from (Big Brothers Big Sisters Independence) upon written request.
Name of Requesting Agency

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further
understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Certification application
as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse
that my consent allows the result stating such information to be shared with the agency/organization noted on next page.

Please send my certification result(s) to:

Agency Name: Big Brothers Big Sisters Independence

Agency Street Address: 760 Constitution Drive, Suite 10

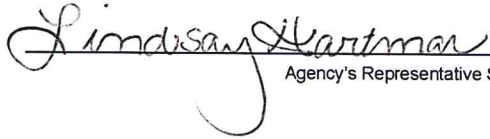
Agency City, State, Zip Code: Exton, PA 19341

Date

Applicant's Signature

As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSL and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.

Date



Agency's Representative Signature

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.

Revised 12-29-15



SCHOOL BASED VOLUNTEER REFERENCE INFORMATION

Volunteer Name: _____

PLEASE INFORM ALL OF YOUR LISTED REFERENCES THAT WE WILL BE CONTACTING THEM. WE MUST SPEAK TO THEM PRIOR TO YOUR ACCEPTANCE IN OUR PROGRAM.

SPOUSE/IMMEDIATE FAMILY MEMBER: If you are married or in a committed relationship of more than six months, please list that person's information below. If you are not married or in a committed relationship at this time, please provide the required information for an immediate family member.

Full Name	Relationship	Phone Number <i>(Required)</i>	Email Address

PERSONAL REFERENCES: Provide the following information for 2 non-relatives whom you have known for at least 2 years.

Full Name	Relationship	Phone Number	Email Address

EXPERIENCE WITH CHILDREN: Provide ALL required information for any formal volunteer or work experiences where you worked directly with a child or children within the past 5 years.

Name of Organization	Contact person who observed you in your role	General Responsibilities	Phone Number & Email Address	Start Date and End Date



Volunteer Mandated Reporter Agreement

As a volunteer with Big Brothers Big Sisters Independence, I am a mandated reporter and am required to make a report if I have reasonable cause to suspect that a child is the victim of abuse. Under the Pennsylvania Child Protective Services Law (CPSL), Section 6311, an individual paid or unpaid, who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service and accepts responsibility for a child qualifies as a mandated reporter. I understand the definition of a mandated reporter and understand that I am one based on the definition provided above. I understand that I am required to make a report to Childline at 1-800-932-0313 if I have reasonable cause to suspect child abuse through my role as a volunteer with Big Brothers Big Sisters Independence.

Volunteer Name: _____

Signature: _____

Date: _____



SCHOOL-BASED VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Please answer the questions below prior to your in-person interview. The information will speed the application process and help us make a better match with a potential Little. Thank you.

1. Have you previously applied to or been involved with this or any other Big Brothers Big Sisters agency? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, we will discuss during the interview)	2. Do you speak any foreign languages? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please list them)
4. Are you experiencing any physical or mental health problems, under the care of a physician or mental health professional, have any physical limitations, or on any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, we will discuss during the interview)	3. How long have you lived in this area?
6. Do you currently use tobacco? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, we will discuss during the interview)	5. I understand that as a volunteer with BBBSI, I am required by law to make a report to Childline if I have reasonable cause to suspect that a child is a victim of abuse. <input type="checkbox"/> No (If no, we will discuss during the interview) <input type="checkbox"/> Yes
8. Have you had any driving citations and/or moving violations in the past five years? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, we will discuss during the interview)	7. Do you currently use illegal drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, we will discuss during the interview)
10. Do you anticipate any significant life changes over the next year or have you had any in the past year (i.e. marriage, divorce, graduation, childbirth, moving, changes in employment, or changes in schooling)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, we will discuss during the interview)	9. Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, we will discuss during the interview)
11. What is your understanding of the time commitment expected of a Big? <input type="checkbox"/> 2-4 times a week <input type="checkbox"/> 5-8 times a month <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> Once a week for every week I'm at school <input type="checkbox"/> Once a month <input type="checkbox"/> Other, please specify: _____	

Signature: _____ **Date:** _____

COLLEGE STUDENTS ONLY

12. Please tell us about your preferences for transportation to your Little's school (check as many as apply to you).

I am willing to walk.
 I am willing to take public transportation (BBBS provides tokens).
 I have a car and I am willing to drive.
 I have a car and I am willing to drive other Bigs.

13. Please tell us about your availability to meet with your Little during lunch (10:30-2:00) or afterschool (2:30-6:00) times.

	Monday	Tuesday	Wednesday	Thursday	Friday
availability between 10:30-2:00					
availability between 2:30-6:00					